



## Testimony before the Appropriations Committee on the Governor's proposed budget DMHAS expenditures and recommendations

February 18, 2016

Good evening, Senator Bye, Representative Walker, and members of the Appropriations Committee,

My name is Margaret Watt, resident of Norwalk and Executive Director of the Southwest Regional Mental Health Board. I want to start by thanking you for your hard work last year to restore funding for essential human services, and to acknowledge that the task you face of trying to meet our state's needs without enough money to go around is daunting.

In the short (and medium) term, the state needs to save money to address a terrible deficit. But in the long term, **we will lose more than we gain if we do so not only by reducing funds system-wide, but also by dismantling entire structures that have been put in place to protect the community and provide oversight.**

CT's mental health system has been a pioneer in adopting the Recovery Orientation, in providing pathways for people in recovery to work within the system to help their peers, and in thinking outside the clinical box to bring effective, low-cost peer programs such as the Hearing Voices Network to our state. **However, the more funding is cut, the greater the risk that we lose supportive services that are non-clinical.** Treatment services will still have to happen, so we will have to chip away at—or even undo—the evaluation, coordination, and prevention services that are critical to ensure a high-quality system. **We will be forced to retreat back to a more traditional model—which isn't necessarily as effective or cost-effective. CT will go from being a model of forward thinking to being the state where even a tragedy like Sandy Hook couldn't move the needle.**

One reason CT's mental health system is strong compared with other states—and even that DMHAS is strong compared with some other state agencies—is that 40 years ago, the legislature established the Regional Mental Health Boards. The Regional Boards are a formal mechanism for providing communities with a way to oversee programs and advocate for their region's mental health needs.

The Regional MH Boards are unique in serving as a hub for connecting all stakeholders in the mental health community and empowering them to share issues and ideas, assess needs, develop initiatives, and evaluate what's working and what's needed. **No one else brings together consumers, providers, and appointed town representatives from across the region around the topic of mental health. We get calls from families, program directors, social workers, and town human services departments because we are recognized as such a resource.** We truly are “the community's voice in mental health.”

I'd like to give an example of how the overall service system, *including* the regional boards, plays a role in people's lives.

There's a young woman I know whose earliest symptoms of mental illness started around age 10. She went to a very competitive college, but had to leave due to her mental health problems and thoughts of suicide. It was almost a decade-long, painstaking road to recovery, but today she is one of the key founding voices in TurningPointCT.org, the website by and for young people in CT, and she is starting her own nonprofit advocacy organization.



Along the way, she received services from hospitals, nonprofit provider agencies, and clubhouses. She used DMHAS's Young Adult Services, she received Supported Education services while attending community college, and she received disability benefits. All of these are areas where funding is needed and cuts have already been felt.

This young woman also became an advocate. She received training to become a Recovery Support Specialist and a QPR suicide prevention trainer. And she joined the Southwest Regional Mental Health Board as part of our Catchment Area Councils. On the CAC she has been able to work on community education initiatives, mental health screenings, and focus groups, and she was so valued that she was elected to our Board of Directors, where her perspective is informed by her many experiences using all these areas of the service system.

I know that, for her, a huge part of her recovery was about being a part of the Regional Mental Health Board. In a recent survey, she wrote that SWRMHB is:

*"A place for all of us to come together: people receiving mental health & addiction services, our providers, our family members, and interested lay-people who are committed to improving visibility, access issues, and quality of services. Everyone is an equal – psychiatrists, program managers, people in recovery – our voices are all treated as equally informative to our collective goals."*

The Regional Mental Health Boards' work assessing the region's needs helps bring in \$23 Million in federal funding to the state—at a total cost of \$584,000 for all 5 Boards. The Governor's proposal would cut our funding to less than \$10,000 per Board as part of a "consolidation" cut. That level of cut does not allow us to consolidate; it puts us out of business. When that happens, who will be there to impartially represent the needs of the different stakeholders? **Please ensure that this visionary grassroots structure is not dismantled permanently.** Thank you.

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**The Regional Mental Health Boards are truly “the community’s voice in mental health.”**

(Caption: Images proposed by Regional MH Board members to capture the role we play: the sun radiating energy; the hub of a wheel; a megaphone for the community; the latticework that allows the garden to thrive)